



26 |       creating s. 395.3011, F.S.; defining the term  
 27 |       "extraordinary collection action"; prohibiting certain  
 28 |       collection activities by a licensed facility; amending  
 29 |       s. 624.27, F.S.; revising the definitions of "health  
 30 |       care provider"; creating s. 627.446, F.S.; defining  
 31 |       the term "health insurer"; requiring each health  
 32 |       insurer to provide an insured with an advanced  
 33 |       explanation of benefits after receiving a patient  
 34 |       estimate from a facility for scheduled services;  
 35 |       providing requirements for the advanced explanation of  
 36 |       benefits; amending s. 627.6387, F.S.; revising a  
 37 |       definition; providing that a shared savings incentive  
 38 |       constitutes a medical expense for rate development and  
 39 |       rate filing purposes; amending ss. 627.6648 and  
 40 |       641.31076, F.S.; providing that a shared savings  
 41 |       incentive offered by a health insurer or health  
 42 |       maintenance organization constitutes a medical expense  
 43 |       for rate development and rate filing purposes;  
 44 |       amending ss. 475.01, 475.611, 517.191, 768.28, and  
 45 |       787.061 F.S.; conforming provisions to changes made by  
 46 |       the act; providing applicability; providing an  
 47 |       effective date.

48 |  
 49 |       Be It Enacted by the Legislature of the State of Florida:  
 50 |

51 Section 1. Subsections (4) through (12) of section 95.11,  
 52 Florida Statutes, are renumbered as subsections (5) through  
 53 (13), respectively, paragraph (b) of subsection (2), paragraph  
 54 (n) of subsection (3), paragraphs (f) and (g) of present  
 55 subsection (5), and present subsection (10) are amended, and a  
 56 new subsection (4) is added to that section, to read:

57 95.11 Limitations other than for the recovery of real  
 58 property.—Actions other than for recovery of real property shall  
 59 be commenced as follows:

60 (2) WITHIN FIVE YEARS.—

61 (b) A legal or equitable action on a contract, obligation,  
 62 or liability founded on a written instrument, except for an  
 63 action to enforce a claim against a payment bond, which shall be  
 64 governed by the applicable provisions of paragraph (6) (e)  
 65 ~~paragraph (5) (e)~~, s. 255.05(10), s. 337.18(1), or s.  
 66 713.23(1) (e), and except for an action for a deficiency judgment  
 67 governed by paragraph (6) (h) ~~paragraph (5) (h)~~.

68 (3) WITHIN FOUR YEARS.—

69 (n) An action for assault, battery, false arrest,  
 70 malicious prosecution, malicious interference, false  
 71 imprisonment, or any other intentional tort, except as provided  
 72 in subsections (5), (6), and (8) ~~subsections (4), (5), and (7)~~.

73 (4) WITHIN THREE YEARS.—An action to collect medical debt  
 74 for services rendered by a facility licensed under chapter 395,  
 75 provided that the period of limitations shall run from the date

76 | on which the facility refers the medical debt to a third party  
 77 | for collection.

78 | ~~(6)-(5)~~ WITHIN ONE YEAR.—

79 | (f) Except for actions described in subsection (9) ~~(8)~~, a  
 80 | petition for extraordinary writ, other than a petition  
 81 | challenging a criminal conviction, filed by or on behalf of a  
 82 | prisoner as defined in s. 57.085.

83 | (g) Except for actions described in subsection (9) ~~(8)~~, an  
 84 | action brought by or on behalf of a prisoner, as defined in s.  
 85 | 57.085, relating to the conditions of the prisoner's  
 86 | confinement.

87 | ~~(11)-(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM  
 88 | ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding  
 89 | paragraph (5)(e) ~~paragraph (4)(e)~~, an action for wrongful death  
 90 | seeking damages authorized under s. 768.21 brought against a  
 91 | natural person for an intentional tort resulting in death from  
 92 | acts described in s. 782.04 or s. 782.07 may be commenced at any  
 93 | time. This subsection shall not be construed to require an  
 94 | arrest, the filing of formal criminal charges, or a conviction  
 95 | for a violation of s. 782.04 or s. 782.07 as a condition for  
 96 | filing a civil action.

97 | Section 2. Section 222.26, Florida Statutes, is created to  
 98 | read:

99 | 222.26 Additional exemptions from legal process concerning  
 100 | medical debt.—If a debt is owed for medical services provided by

101 a facility licensed under chapter 395, the following property is  
 102 exempt from attachment, garnishment, or other legal process in  
 103 an action on such debt:

104 (1) A debtor's interest, not to exceed \$10,000 in value,  
 105 in a single motor vehicle as defined in s. 320.01(1).

106 (2) A debtor's interest in personal property, not to  
 107 exceed \$10,000 in value, if the debtor does not claim or receive  
 108 the benefits of a homestead exemption under s. 4, Art. X of the  
 109 State Constitution.

110 Section 3. Paragraphs (b), (c), and (d) of subsection (1)  
 111 of section 395.301, Florida Statutes, are redesignated as  
 112 paragraphs (c), (d), and (e), respectively, subsection (6) is  
 113 renumbered as subsection (8), present paragraph (b) of  
 114 subsection (1) is amended, a new paragraph (b) is added to  
 115 subsection (1), and new subsections (6) and (7) are added to  
 116 that section, to read:

117 395.301 Price transparency; itemized patient statement or  
 118 bill; patient admission status notification.—

119 (1) A facility licensed under this chapter shall provide  
 120 timely and accurate financial information and quality of service  
 121 measures to patients and prospective patients of the facility,  
 122 or to patients' survivors or legal guardians, as appropriate.  
 123 Such information shall be provided in accordance with this  
 124 section and rules adopted by the agency pursuant to this chapter  
 125 and s. 408.05. Licensed facilities operating exclusively as

126 state facilities are exempt from this subsection.

127 (b) Each licensed facility shall post on its website a  
128 consumer-friendly list of standard charges for at least 300  
129 shoppable health care services, or an Internet-based price  
130 estimator tool meeting federal standards. If a facility provides  
131 fewer than 300 distinct shoppable health care services, it shall  
132 make available on its website the standard charges for each  
133 service it provides. As used in this paragraph, the term:

134 1. "Shoppable health care service" means a service that  
135 can be scheduled by a healthcare consumer in advance. The term  
136 includes, but is not limited to, the services described in s.  
137 627.6387(2)(e) and any services defined in regulations or  
138 guidance issued by the United States Department of Health and  
139 Human Services.

140 2. "Standard charge" has the same meaning as that term is  
141 defined in regulations or guidance issued by the United States  
142 Department of Health and Human Services for purposes of hospital  
143 price transparency.

144 (c) ~~(b)~~1. Upon request, and Before providing any  
145 nonemergency medical services, each licensed facility shall  
146 provide in writing or by electronic means a good faith estimate  
147 of reasonably anticipated charges by the facility for the  
148 treatment of a ~~the~~ patient's or prospective patient's specific  
149 condition. Such estimate must be provided to the patient or  
150 prospective patient upon scheduling a medical service. The

151 facility ~~must provide the estimate to the patient or prospective~~  
152 ~~patient within 7 business days after the receipt of the request~~  
153 ~~and~~ is not required to adjust the estimate for any potential  
154 insurance coverage. The facility must provide the estimate to  
155 the patient's health insurer, as defined in s. 627.446(1), and  
156 the patient at least 3 business days before a service is to be  
157 provided, but no later than 1 business day after the service is  
158 scheduled or, in the case of a service scheduled at least 10  
159 business days in advance, no later than 3 business days after  
160 the service is scheduled. The estimate may be based on the  
161 descriptive service bundles developed by the agency under s.  
162 408.05(3)(c) unless the patient or prospective patient requests  
163 a more personalized and specific estimate that accounts for the  
164 specific condition and characteristics of the patient or  
165 prospective patient. The facility shall inform the patient or  
166 prospective patient that he or she may contact his or her health  
167 insurer ~~or health maintenance organization~~ for additional  
168 information concerning cost-sharing responsibilities.

169 2. In the estimate, the facility shall provide to the  
170 patient or prospective patient information on the facility's  
171 financial assistance policy, including the application process,  
172 payment plans, and discounts and the facility's charity care  
173 policy and collection procedures.

174 3. The estimate shall clearly identify any facility fees  
175 and, if applicable, include a statement notifying the patient or

176 prospective patient that a facility fee is included in the  
 177 estimate, the purpose of the fee, and that the patient may pay  
 178 less for the procedure or service at another facility or in  
 179 another health care setting.

180 4. ~~Upon request,~~ The facility shall notify the patient or  
 181 prospective patient of any revision to the estimate.

182 5. In the estimate, the facility must notify the patient  
 183 or prospective patient that services may be provided in the  
 184 health care facility by the facility as well as by other health  
 185 care providers that may separately bill the patient, if  
 186 applicable.

187 ~~6. The facility shall take action to educate the public~~  
 188 ~~that such estimates are available upon request.~~

189 6.7. Failure to timely provide the estimate pursuant to  
 190 this paragraph shall result in a daily fine of \$1,000 until the  
 191 estimate is provided to the patient or prospective patient and  
 192 the health insurer. The total fine per patient estimate may not  
 193 exceed \$10,000.

194

195 ~~The provision of an estimate does not preclude the actual~~  
 196 ~~charges from exceeding the estimate.~~

197 (6) Each facility shall establish an internal process for  
 198 reviewing and responding to grievances from patients. Such  
 199 process must allow a patient to dispute charges that appear on  
 200 the patient's itemized statement or bill. The facility shall



201 prominently post on its website and indicate in bold print on  
202 each itemized statement or bill the instructions for initiating  
203 a grievance and the direct contact information required to  
204 initiate the grievance process. The facility must provide an  
205 initial response to a patient grievance within 7 business days  
206 after the patient formally files a grievance disputing all or a  
207 portion of an itemized statement or bill.

208 (7) Each licensed facility shall disclose to a patient, a  
209 prospective patient, or a patient's legal guardian whether a  
210 cost-sharing obligation for a particular covered health care  
211 service or item exceeds the charge that applies to an individual  
212 who pays cash or the cash equivalent for the same health care  
213 service or item in the absence of health insurance coverage.  
214 Failure to provide a disclosure in compliance with this  
215 subsection may result in a fine not to exceed \$500 per incident.

216 Section 4. Section 395.3011, Florida Statutes, is created  
217 to read:

218 395.3011 Billing and collection activities.—

219 (1) As used in this section, the term "extraordinary  
220 collection action" means any of the following actions taken by a  
221 licensed facility against an individual in relation to obtaining  
222 payment of a bill for care covered under the facility's  
223 financial assistance policy:

224 (a) Selling the individual's debt to another party.

225 (b) Reporting adverse information about the individual to

226 consumer credit reporting agencies or credit bureaus.

227 (c) Deferring, denying, or requiring a payment before  
228 providing medically necessary care because of the individual's  
229 nonpayment of one or more bills for previously provided care  
230 covered under the facility's financial assistance policy.

231 (d) Actions that require a legal or judicial process,  
232 including, but not limited to:

- 233 1. Placing a lien on the individual's property;
- 234 2. Foreclosing on the individual's real property;
- 235 3. Attaching or seizing the individual's bank account or  
236 any other personal property;
- 237 4. Commencing a civil action against the individual;
- 238 5. Causing the individual's arrest; or
- 239 6. Garnishing the individual's wages.

240 (2) A facility may not engage in an extraordinary  
241 collection action against an individual to obtain payment for  
242 services:

243 (a) Before the facility has made reasonable efforts to  
244 determine whether the individual is eligible for assistance  
245 under its financial assistance policy for the care provided and,  
246 if eligible, before a decision is made by the facility on the  
247 patient's application for such financial assistance.

248 (b) Before the facility has provided the individual with  
249 an itemized statement or bill.

250 (c) During an ongoing grievance process as described in s.

251 | 395.301(6) or an ongoing appeal of a claim adjudication.

252 | (d) Before billing any applicable insurer and allowing the  
 253 | insurer to adjudicate a claim.

254 | (e) For 30 days after notifying the patient in writing, by  
 255 | certified mail, or by other traceable delivery method, that a  
 256 | collection action will commence absent additional action by the  
 257 | patient.

258 | (f) While the individual:

259 | 1. Negotiates in good faith the final amount of a bill for  
 260 | services rendered; or

261 | 2. Complies with all terms of a payment plan with the  
 262 | facility.

263 | Section 5. Paragraph (b) of subsection (1) of section  
 264 | 624.27, Florida Statutes, is amended to read:

265 | 624.27 Direct health care agreements; exemption from  
 266 | code.—

267 | (1) As used in this section, the term:

268 | (b) "Health care provider" means a health care provider  
 269 | licensed under chapter 458, chapter 459, chapter 460, chapter  
 270 | 461, chapter 464, or chapter 466, chapter 490, or chapter 491,  
 271 | or a health care group practice, who provides health care  
 272 | services to patients.

273 | Section 6. Section 627.446, Florida Statutes, is created  
 274 | to read:

275 | 627.446 Advanced explanation of benefits.—

276        (1) As used in this section, the term "health insurer"  
 277 means a health insurer issuing individual or group coverage or a  
 278 health maintenance organization issuing coverage through an  
 279 individual or a group contract.

280        (2) Each health insurer shall prepare an advanced  
 281 explanation of benefits upon receiving a patient estimate from a  
 282 facility pursuant to s. 395.301(1). The health insurer must  
 283 provide the advanced explanation of benefits to the insured no  
 284 later than 1 business day after receiving the patient estimate  
 285 from the facility or, in the case of a service scheduled at  
 286 least 10 business days in advance, no later than 3 business days  
 287 after receiving such estimate.

288        (3) At a minimum, the advanced explanation of benefits  
 289 must include detailed coverage and cost-sharing information  
 290 pursuant to the No Surprises Act, Title I of Division BB of the  
 291 Consolidated Appropriations Act, 2021, Pub. L. No. 116-260.

292        Section 7. Paragraph (b) of subsection (2) and paragraph  
 293 (a) of subsection (4) of section 627.6387, Florida Statutes, are  
 294 amended to read:

295        627.6387 Shared savings incentive program.—

296        (2) As used in this section, the term:

297        (b) "Health insurer" has the same meaning as in s.  
 298 627.446(1) means an authorized insurer offering health insurance  
 299 as defined in s. 624.603.

300        (4) (a) A shared savings incentive offered by a health

301 insurer in accordance with this section:

302 1. Is not an administrative expense for rate development  
 303 or rate filing purposes and shall be counted as a medical  
 304 expense for such purposes.

305 2. Does not constitute an unfair method of competition or  
 306 an unfair or deceptive act or practice under s. 626.9541 and is  
 307 presumed to be appropriate unless credible data clearly  
 308 demonstrates otherwise.

309 Section 8. Paragraph (a) of subsection (4) of section  
 310 627.6648, Florida Statutes, is amended to read:

311 627.6648 Shared savings incentive program.—

312 (4)(a) A shared savings incentive offered by a health  
 313 insurer in accordance with this section:

314 1. Is not an administrative expense for rate development  
 315 or rate filing purposes and shall be counted as a medical  
 316 expense for such purposes.

317 2. Does not constitute an unfair method of competition or  
 318 an unfair or deceptive act or practice under s. 626.9541 and is  
 319 presumed to be appropriate unless credible data clearly  
 320 demonstrates otherwise.

321 Section 9. Paragraph (a) of subsection (4) of section  
 322 641.31076, Florida Statutes, is amended to read:

323 641.31076 Shared savings incentive program.—

324 (4) A shared savings incentive offered by a health  
 325 maintenance organization in accordance with this section:

326 (a) Is not an administrative expense for rate development  
 327 or rate filing purposes and shall be counted as a medical  
 328 expense for such purposes.

329 Section 10. Paragraphs (a) and (j) of subsection (1) of  
 330 section 475.01, Florida Statutes, are amended to read:

331 475.01 Definitions.—

332 (1) As used in this part:

333 (a) "Broker" means a person who, for another, and for a  
 334 compensation or valuable consideration directly or indirectly  
 335 paid or promised, expressly or impliedly, or with an intent to  
 336 collect or receive a compensation or valuable consideration  
 337 therefor, appraises, auctions, sells, exchanges, buys, rents, or  
 338 offers, attempts or agrees to appraise, auction, or negotiate  
 339 the sale, exchange, purchase, or rental of business enterprises  
 340 or business opportunities or any real property or any interest  
 341 in or concerning the same, including mineral rights or leases,  
 342 or who advertises or holds out to the public by any oral or  
 343 printed solicitation or representation that she or he is engaged  
 344 in the business of appraising, auctioning, buying, selling,  
 345 exchanging, leasing, or renting business enterprises or business  
 346 opportunities or real property of others or interests therein,  
 347 including mineral rights, or who takes any part in the procuring  
 348 of sellers, purchasers, lessors, or lessees of business  
 349 enterprises or business opportunities or the real property of  
 350 another, or leases, or interest therein, including mineral

351 rights, or who directs or assists in the procuring of prospects  
352 or in the negotiation or closing of any transaction which does,  
353 or is calculated to, result in a sale, exchange, or leasing  
354 thereof, and who receives, expects, or is promised any  
355 compensation or valuable consideration, directly or indirectly  
356 therefor; and all persons who advertise rental property  
357 information or lists. A broker renders a professional service  
358 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~  
359 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears  
360 in the definition of the term "broker," it specifically excludes  
361 those appraisal services which must be performed only by a  
362 state-licensed or state-certified appraiser, and those appraisal  
363 services which may be performed by a registered trainee  
364 appraiser as defined in part II. The term "broker" also includes  
365 any person who is a general partner, officer, or director of a  
366 partnership or corporation which acts as a broker. The term  
367 "broker" also includes any person or entity who undertakes to  
368 list or sell one or more timeshare periods per year in one or  
369 more timeshare plans on behalf of any number of persons, except  
370 as provided in ss. 475.011 and 721.20.

371 (j) "Sales associate" means a person who performs any act  
372 specified in the definition of "broker," but who performs such  
373 act under the direction, control, or management of another  
374 person. A sales associate renders a professional service and is  
375 a professional within the meaning of s. 95.11(5)(b) ~~s.~~

376 ~~95.11(4)(b).~~

377 Section 11. Paragraph (h) of subsection (1) of section  
378 475.611, Florida Statutes, is amended to read:

379 475.611 Definitions.—

380 (1) As used in this part, the term:

381 (h) "Appraiser" means any person who is a registered  
382 trainee real estate appraiser, a licensed real estate appraiser,  
383 or a certified real estate appraiser. An appraiser renders a  
384 professional service and is a professional within the meaning of  
385 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

386 Section 12. Subsection (7) of section 517.191, Florida  
387 Statutes, is amended to read:

388 517.191 Injunction to restrain violations; civil  
389 penalties; enforcement by Attorney General.—

390 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an  
391 enforcement action brought under this section based on a  
392 violation of any provision of this chapter or any rule or order  
393 issued under this chapter shall be brought within 6 years after  
394 the facts giving rise to the cause of action were discovered or  
395 should have been discovered with the exercise of due diligence,  
396 but not more than 8 years after the date such violation  
397 occurred.

398 Section 13. Subsection (14) of section 768.28, Florida  
399 Statutes, is amended to read:

400 768.28 Waiver of sovereign immunity in tort actions;



401 recovery limits; civil liability for damages caused during a  
402 riot; limitation on attorney fees; statute of limitations;  
403 exclusions; indemnification; risk management programs.—

404 (14) Every claim against the state or one of its agencies  
405 or subdivisions for damages for a negligent or wrongful act or  
406 omission pursuant to this section shall be forever barred unless  
407 the civil action is commenced by filing a complaint in the court  
408 of appropriate jurisdiction within 4 years after such claim  
409 accrues; except that an action for contribution must be  
410 commenced within the limitations provided in s. 768.31(4), and  
411 an action for damages arising from medical malpractice or  
412 wrongful death must be commenced within the limitations for such  
413 actions in s. 95.11(5) ~~s. 95.11(4)~~.

414 Section 14. Subsection (4) of section 787.061, Florida  
415 Statutes, is amended to read:

416 787.061 Civil actions by victims of human trafficking.—

417 (4) STATUTE OF LIMITATIONS.—The statute of limitations as  
418 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as  
419 applicable, governs an action brought under this section.

420 Section 15. The changes made by this act to ss. 395.301  
421 and 627.446, Florida Statutes, do not apply to ambulatory  
422 surgical centers, as defined in s. 395.002, Florida Statutes,  
423 until January 1, 2026.

424 Section 16. This act shall take effect July 1, 2024.